

**APPLICATION FOR PLANNING COMMISSION OR ADMINISTRATIVE HEARINGS  
DEPARTMENT OF COMMUNITY DEVELOPMENT, PLANNING DIVISION**



PLEASE TYPE OR PRINT LEGIBLY (PRESS HARD)

ADDRESS OF PROPERTY \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER \_\_\_\_\_

**PROPERTY** Name \_\_\_\_\_

**OWNER** Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Bus.) ( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_

**APPLICANT/  
PAYEE** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Bus.) ( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_

**CONTACT  
PERSON** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Bus.) ( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Application to Allow: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that the foregoing statements and information are true and that any submitted material, statements or plan designs are correct to the best of my knowledge and belief. I understand that the Planning fees are not refundable.*

\_\_\_\_\_  
Property Owner's Name (Print) Property Owner's Signature Date

OFFICE USE ONLY				FEE	Account No.	Project Number:
<input type="checkbox"/> Major Permits (Planning Comm Hearing)	<input type="checkbox"/> SDP	<input type="checkbox"/> UP	<input type="checkbox"/> DR	\$ _____	799106-1351	Accepted By: _____
	<input type="checkbox"/> Plan Review	<input type="checkbox"/> Large Fam	<input type="checkbox"/> Appeal	\$ _____	799106-1351	Date: _____ Preliminary Review
<input type="checkbox"/> Minor Permits (Administrative Hearing)	<input type="checkbox"/> SDP	<input type="checkbox"/> UP	<input type="checkbox"/> VAR	\$ _____	799106-1352	Committee (PRC)
	<input type="checkbox"/> SF VAR	<input type="checkbox"/> SF/Condo	<input type="checkbox"/> Appeal	\$ _____	799106-1352	Meeting: _____
	<input type="checkbox"/> PR			\$ _____	799106-1352	<b>Tentative Hearing</b>
<input type="checkbox"/> Landmark Alteration	<input type="checkbox"/> Extension of Time	<input type="checkbox"/> L Alteration Mills Act---	<input type="checkbox"/> Review/Change Contract Request	\$ _____	799106-1352	<b>Dates:</b> Administrative Hearing: _____
<input type="checkbox"/> Env. Review	<input type="checkbox"/> Environmental Assessmnt		<input type="checkbox"/> EIR Preparation	\$ _____	799106-1654	Planning Commission
	<input type="checkbox"/> Environmental Initial Study			\$ _____	799106-1654	Hearing: _____
<input type="checkbox"/> Legislative Actions	<input type="checkbox"/> GP Amendment		<input type="checkbox"/> Specific Plan	\$ _____	799106-1655	City Council Hearing: _____
	<input type="checkbox"/> Rezone		<input type="checkbox"/> Street Rename	\$ _____	799106-1655	
	<input type="checkbox"/> Heritage Hsng/ Single PD Overlay		<input type="checkbox"/> Planned Dev.	\$ _____	799106-1655	
<input type="checkbox"/> Tentative Maps	<input type="checkbox"/> Appeal	<input type="checkbox"/> TM Mods	<input type="checkbox"/> Parcel Maps	\$ _____	799106-1673	Existing Zoning _____
	<input type="checkbox"/> Subdivision Maps		# of Lots _____	\$ _____	799106-1673	General Plan _____
<input type="checkbox"/> Preliminary Planning Review				\$ _____	799106-1351	Size of Property _____
<input type="checkbox"/> Other _____				\$ _____		
<input type="checkbox"/> Other _____				\$ _____		
				<b>\$ TOTAL FEE</b>		Check No. _____
						Receipt No. _____